

**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Marriage & Fam. Ther. Checklist**

- ☐ Endorsement      ☐ Examination  
☐ App. & Fee  
☐ Date: \_\_\_\_\_ Check \_\_\_\_\_  
☐ Birth Certificate/Legal Entry  
☐ Photo  
☐ Transcript  
☐ Statements of Supervised Practice  
☐ Supervisor's Resume(s)  
☐ AAMFT Certification  
☐ Verification of Supervisor's OOS Lic.  
☐ Score/Certification from AAMFT/PES  
☐ 2 Reference Letters  
☐ License Verif. from Other State(s)  
☐ SSN Verification



**\*\*\*FOR OFFICE USE ONLY\*\*\***

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island  
Board of Mental Health Counselors and  
Marriage & Family Therapists**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

License # \_\_\_\_\_  
Name \_\_\_\_\_

***Instructions and Application For  
License As A***

**Marriage & Family Therapist**

by

- ☐ **Examination**  
☐ **Endorsement**

*Applicant - Print Name (First/MI/Last)*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

Revised 09/05/2006 awp

# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Statement of Supervised Practice Form.....	10
Interstate Verification Form - Other State License(s).....	11
Addendum to License Application (Verification of Social Security Number Form).....	12

## Licensure Requirements

### U.S. Graduates

- Application Fee of **\$350.00** (NON-REFUNDABLE).
- Recent passport type photograph (Approximately 2" X 2" head and shoulder view).
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Official transcript from an accredited College or University (60 credits required).
- Two (2) statements of good moral character.
- Score/Certification of MFT Exam sent directly from the Professional Examination Service (PES).
- Statement(s) of Supervised Practice (including supervisor's resume) (page 10).
- Proof of Supervisor's AAMFT "approved supervisor" status.
- License Verifications from the state(s) in which applicant holds or has held a license (page 11).
- Completed Mandatory Addendum to License Application ("Verification of Social Security Number Form" page 12).

### Rules and Regulations/Laws

The Rules and Regulations for licensing "Mental Health Counselors and Marriage and Family Therapists" (R5-63.2-MHC/MFT) may be found at the Board Website:

[http://www.health.ri.gov/hsr/professions/mf\\_counsel.php](http://www.health.ri.gov/hsr/professions/mf_counsel.php)

# APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists (Board).

## **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 4-8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

[http://www.health.ri.gov/hsr/professions/mf\\_counsel.php](http://www.health.ri.gov/hsr/professions/mf_counsel.php)

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

## **Examination Information**

The exam required for licensure is The Marital and Family Therapy Examination (MFT). The exam is administered by Professional Examination Service (PES). Upon receipt of your completed license application, HEALTH will send you the PES exam “Candidate Application Packet”. To register for the exam, you must submit an application to PES. AS PES requires HEALTH to approve applicants, it is also necessary for you to inform HEALTH of your intent to take the exam and your choice of “exam window” (see website below).

**Please Note:** PES requires receipt of HEALTH approval of candidates ten (10) weeks prior to the beginning of an exam window. Upon receipt of your application and the HEALTH approval, PES will send you notification of exam admittance, location, directions, etc. Please do not send an exam fee to PES, as the fee is currently paid by HEALTH. PES sends exam results to HEALTH (not individual applicants) within 4-5 weeks of the close of the “**Exam Window**”. HEALTH will then forward your exam results to you.

There are three (3) exam windows (4-week periods) per calendar year; window dates may be found at our website:

[http://www.health.ri.gov/hsr/professions/mf\\_counsel.php](http://www.health.ri.gov/hsr/professions/mf_counsel.php)

# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (preferred), payable to the "**Rhode Island General Treasurer**" in the amount of **\$350.00** and staple it to the upper left-hand corner of the first (Top) page of the application. **NOTE:** This application fee is NON-REFUNDABLE.
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided.
5. A completed official transcript **sent directly** from the accredited College or University to the Board of Mental Health Counselors and Marriage & Family Therapists. **No student copies will be accepted.**
6. Scores of MFT Exam **sent directly** from **PES (Telephone 1-212-367-4200)** to the Board of Mental Health Counselors and Marriage & Family Therapists (pertains only to applicants who have previously sat for the national exam).
7. Statement(s) of Supervised Practice submitted to the Board of Mental Health Counselors and Marriage & Family Therapists (page 10) (Supervisor's resume is required).
8. **(Endorsement Candidates):** Please send the license verification form on page 11 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. The Board must receive these verifications **directly** from the licensing authority in each state.
9. **(Examination Candidates):** Examination testing windows may be found at our website:

[http://www.health.ri.gov/hsr/professions/mf\\_counsel.php](http://www.health.ri.gov/hsr/professions/mf_counsel.php)

10. Mail the application and documentation to:

**Rhode Island Department of Health  
Board of Mental Health Counselors and  
Marriage & Family Therapists, Room 104  
3 Capitol Hill  
Providence, RI 02908-5097**



Rhode Island Board of Mental Health Counselors and Marriage &amp; Family Therapists - Page 5

<b>7. Preferred Mailing Address</b> Please check <u>ONE</u>	<input type="checkbox"/> Please use my <b>Home Address</b> as my preferred mailing address  <input type="checkbox"/> Please use my <b>Business Address</b> as my preferred mailing address																																																																									
<b>8a. Qualifying Education</b>  Please list the name and information about the school that you attended that qualifies you for this license.	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> Type of School (University, College, Technical School, etc.) <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> Name of School <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Date Graduated:            <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px;"></div> <div style="width: 15px;"></div> </div> <div style="margin: 0 5px;">Month</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px;"></div> <div style="width: 15px;"></div> </div> <div style="margin: 0 5px;">Year</div> </div> <div>           Number of Credit Hours            <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px;"></div> <div style="width: 20px;"></div> </div> </div> </div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div> Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)																																																																									
<b>8b. Supervised Practicum, Internship and Work Experience</b>  Please list: <b>Supervised Practicum</b> (12 semester or 18 quarter hours) <b>Supervised Internship</b> (1 calendar year of 20 hours/week) <b>Supervised Work Experience</b> (minimum 2000 hours Post-Graduate completed in minimum of 2 years) <b>Approved Supervisor of Work Experience</b> Include name and address (minimum 100 hours)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Requirement</th> <th style="width:40%;">Location (Name and Address)</th> <th style="width:15%;">Date Began</th> <th style="width:15%;">Date Completed</th> <th style="width:10%;">Hours Completed</th> </tr> </thead> <tbody> <tr> <td rowspan="4"> <b>Supervised Practicum</b>  <small>(12 semester or 18 quarter hours)</small> </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="4"> <b>Supervised Internship</b>  <small>(1 calendar year of 20 hours/week)</small> </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="4"> <b>Supervised Work Experience</b>  <small>(Minimum 2000 Hours of Post- Graduate Experience completed in minimum of 2 yrs)</small> </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="4"> <b>Approved Supervisor of Work Experience</b>  <small>(Minimum of 100 Hrs. Post-Graduate Supervised Casework)</small> </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Requirement	Location (Name and Address)	Date Began	Date Completed	Hours Completed	<b>Supervised Practicum</b> <small>(12 semester or 18 quarter hours)</small>																	<b>Supervised Internship</b> <small>(1 calendar year of 20 hours/week)</small>																	<b>Supervised Work Experience</b> <small>(Minimum 2000 Hours of Post- Graduate Experience completed in minimum of 2 yrs)</small>																	<b>Approved Supervisor of Work Experience</b> <small>(Minimum of 100 Hrs. Post-Graduate Supervised Casework)</small>																
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<b>9. Other State License(s)</b>  Please answer the question and list state(s), if applicable	Have you ever held, or do you currently hold, a license in another state?          Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="margin-top: 10px;">If the answer to this question is <b>“yes”</b>, enter all other state licenses in Question 10 (below):</p>																																																																									
<b>10. Licensure</b>  List all states or countries in which you are now, or ever have been licensed to practice your profession.	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           State/Country: _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> <div style="width: 48%;">           State/Country: _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;">           _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> <div style="width: 48%;">           _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;">           _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> <div style="width: 48%;">           _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;">           _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> <div style="width: 48%;">           _____           <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Active    <input type="checkbox"/> Inactive           </div> </div> </div>																																																																									



### 13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Marriage & Family Therapist in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

### 14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write your name on the back of the photograph, and provide the date that the photograph was taken.**

\_\_\_\_\_  
Date of Photograph

# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## **Board Application**

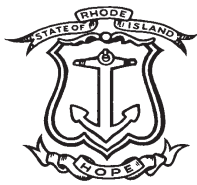
- ☐ I have read and understand the “Instructions for Completing the Application”.
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- ☐ I have made a **check** or **money order** (preferred), payable (in U.S. funds only) to the “**Rhode Island General Treasurer**” in the amount of **\$350.00** (NON-REFUNDABLE) and attached it to the upper left-hand corner of the first (Top) page of the application.
- ☐ I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed).
  2. Board Application (including cover page) and pages 5-8.
  3. Mandatory Addendum to License Application (Verification of Social Security Number Form) (Page 13)
  4. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- ☐ I have mailed the above application materials directly to the Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists.

## **Required Forms**

- ☐ I have completed and mailed the following forms as instructed.
  1. Statement of Supervised Practice Form (page 10) (with supervisor's resume)  
**REQUIRED FOR ALL APPLICANTS**
  2. Interstate Verification Form(s) - Other State License(s) (page 11) (**Endorsement Candidates ONLY**).

## **Other Documents**

- ☐ I have requested a school transcript and my certification score (PES), if applicable, as instructed.



# RI Board of Mental Health Counselors and Marriage & Family Therapists

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

## STATEMENT OF SUPERVISED PRACTICE

I am applying for a license to practice as a Marriage & Family Therapist in the State of Rhode Island. The Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists requires that the following section be completed by my supervisor. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Date of Birth

## THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

1. What is the educational level of the supervisee? \_\_\_\_\_

2. Please provide the name and the nature of the setting in which the supervised practice took place.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Dates of practice covered in this report: \_\_\_\_\_ Number of practice hours during this period \_\_\_\_\_

4. Supervisee's duties \_\_\_\_\_

\_\_\_\_\_  
Number of one-to-one supervisory hours \_\_\_\_\_

5. Assessment of supervisee's performance (elaborate): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:** I hereby acknowledge that the above statements are true and I am willing to accept professional responsibility for the work done by the candidate while under my supervision. I affirm that I am duly certified as a supervisor by the American Association of Marriage & Family Therapists (AAMFT). I will return this completed form directly to the Board at the above address. **I will also attach a copy of my resume to this form for review by the Board.**

Signature

Date

Printed Name

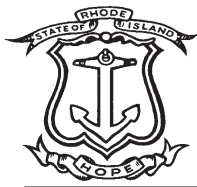
Title

Address

License Number

State in which granted

Area of specialization



# RI Board of Mental Health Counselors and Marriage & Family Therapists

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Marriage & Family Therapist in the State of Rhode Island. The Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists requires that this form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

Print/Type Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Previous Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE MARRIAGE & FAMILY THERAPY BOARD

Marriage & Family Therapy Degree Completed:		Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant has completed and passed the National Certification Exam (MFT): <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed		Original Date Issued:	Expiration Date:

#### Questions:

- Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
- Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Title \_\_\_\_\_

Full Name of Licensing Board \_\_\_\_\_

Please Affix  
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



## Rhode Island Department of Health

3 Capitol Hill, Providence RI , 02908-5097

### MANDATORY ADDENDUM TO LICENSE APPLICATION

#### Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

#### Licensee Declaration

- ☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy. (Case # \_\_\_\_\_)
- ☐ I am in state receivership. (Case # \_\_\_\_\_)
- ☐ I have been discharged from bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional/Business License for which you are applying.

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

*This form must be completed, signed and attached to your license application for processing.*